THE After School PROGRAM

1) CHILD'S PERSONAL DATA SHEET:

School:_____

Child's Name:_____ Birthdate:_____ Gender:_____ 2020-21 Grade:_____

Parent/Guardian:_____ Relationship to child:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Place of employment:_____ Work Hours:_____ e-mail:_____

Parent/Guardian:_____ Relationship to child:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Place of employment:_____ Work Hours:_____ e-mail:_____

1) EMERGENCY CONTACT TO CALL IF PARENTS/GUARDIANS CANNOT BE REACHED:

(In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 600.604.1.b)

_____ _____ _____ _____
Name Relationship to Child Phone Type Telephone Number

_____ _____ _____ _____
Address City State Zip

Is this person authorized to take the child from center: Yes ◯ No ◯

IN ADDITION TO THOSE LISTED ABOVE, ALL OTHER AUTHORIZED ADULTS ALLOWED TO CHECK THE CHILD OUT OF THE PROGRAM:

_____ _____ _____ _____
Name Relationship to Child Phone Type Telephone Number

_____ _____ _____ _____
Name Relationship to Child Phone Type Telephone Number

_____ _____ _____ _____
Name Relationship to Child Phone Type Telephone Number

2) MEDICAL INFORMATION:

(In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 600.604.1.c)

_____ _____
Child's Physician or emergency treatment facility Phone number

_____ _____ _____ _____
Address City State Zip

I,_____, mother / father / guardian **(circle one)**

of, _____, do hereby give my consent to the Director of the Child Care Facility, or his duly appointed
(Child's Name)

representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

_____ _____
Signature of parent or guardian Date

_____ _____
Witness Date

3) Medical and Developmental Information:

Allergies _____ Medications _____

Physical/Emotional concerns child might have _____

Other conditions or comments _____

Special food needs _____

Is child Pre-K: Yes ( ) No( ) Is child toilet-trained: Yes ( ) No( )

If yes, please provide immunization records.

If child is Pre-K, please list teacher and dismissal time: _____

Sibilings: Yes ( ) No( ) Name(s) of siblings: _____

4) Tuition and Registration Fees:

I understand that at the time of executing this Parent Agreement, the following tuition, absence and registration charges will apply:

Registration: _____ $50.00 for one child _____ $75.00 for a family

*****The registration fee is the supply fee for the 2020-21 school year.**

Full Time Weekly Rates:

_____ $60.00 per week for one child**

_____ $105.00 per week for two children**

_____ $135.00 per week for three children**

_____ $2.50 per week Tuition Express discount

Part Time Daily Rates:

_____ $20.00 per day, per child

5) PARENT ACKNOWLEDGMENT:

**Please initial in the appropriate space to show that you have read and acknowledge the statements below:*

_____ *I hereby give_____/do not give_____ the Director of the Child Care Facility or his appointed representative permission to give my child Acetaminophen. I understand I will be notified prior to the medication being administered. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.6.

_____ *I hereby give_____/do not give_____ the Child Care facility permission to take photographs or video tape of my child for use in the facility. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.1.k and l.

_____ *I hereby give _____/do not give _____ the Child Care facility permission to place photos and/or video recordings of my child on social media or the facility webpage. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.1.k and l.

_____ If a medical emergency arises, the ASP staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

_____ I understand that positive reinforcement is the primary method of maintaining discipline. In those cases where positive reinforcement, time-out, isolation, counseling, parental contact and behavior redirection are not effective, my child may be removed from the program by the director.

_____ *This is a statement of verification that I have been informed that child care licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.4.

_____ *I hereby give_____/do not give_____ written permission for the use of suntan lotions/sunscreen for my child in permitable weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.27

_____ All fees and penalties associated with the collection of past due accounts will be the responsibility of the primary parent/guardian.

_____ ***I understand that I must give a <u>one week notice</u> before withdrawing my child from The After School Program. I will be responsible for the week's tuition if advanced notice is not given.***

_____ I have read, and understand, the Parent Agreement Contract and Child Data Sheet for The After School Program 2020-21. I acknowledge and agree to the contents thereof.

** indicates an acknowledgment that is required by the Arkansas Department of Human Services (DHS)*

Date _____ Parent/Guardian Signature _____

Date of enrollment _____ Date of discharge _____

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